


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90001 010 ***150.00

DOCUMENT # F03000004993 1. Entity Name TANDEM STAFFING SOLUTIONS, INC.					
Principal Place of Business 1690 S. CONGRESS AVE. STE. 210 DELRAY BEACH, FL 33445			Mailing Address 1690 S. CONGRESS AVE. STE. 210 DELRAY BEACH, FL 33445		
2. Principal Place of Business 5901 Broken Sound Pkwy Suite, Apt. #, etc. 450		3. Mailing Address 5901 Broken Sound Pkwy Suite, Apt. #, etc. 450			
City & State Boca Raton Florida		City & State Boca Raton		4. FEI Number 30-0015919	
Zip 33487		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES	NAME ARADIE, CHARLES		TITLE Controller		
STREET ADDRESS 5901 Broken Sound Parkway, Ste., 450			NAME Clara Davis		
CITY-ST-ZIP Boca Raton, FL 33487			STREET ADDRESS 5901 Broken Sound Parkway		
TITLE SECY			CITY-ST-ZIP Boca Raton, FL 33487		
NAME ALSTON, HEATHER C			TITLE _____		
STREET ADDRESS 5901 Broken Sound Parkway, Ste., 450			NAME _____		
CITY-ST-ZIP Boca Raton, FL 33487a Raton, FL 33487			STREET ADDRESS _____		
TITLE _____			CITY-ST-ZIP _____		
NAME _____			TITLE _____		
STREET ADDRESS _____			NAME _____		
CITY-ST-ZIP _____			STREET ADDRESS _____		
TITLE _____			CITY-ST-ZIP _____		
NAME _____			TITLE _____		
STREET ADDRESS _____			NAME _____		
CITY-ST-ZIP _____			STREET ADDRESS _____		
TITLE _____			CITY-ST-ZIP _____		
NAME _____			TITLE _____		
STREET ADDRESS _____			NAME _____		
CITY-ST-ZIP _____			STREET ADDRESS _____		
TITLE _____			CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>Heather C. Alston</i>			2/8/06		561-226-8110
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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